

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

10/522000

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	+	1				
3	+	1				
4	+	1				
5	+	1				
6	+	1				
7	+	1				
8	+	1				
9		8				
10	+					
11	+					
12	+					
13	+	1				
14	+	1				
15	+	1				
16	+	1				
17		2				
18		10				
19		10				
20	+	1				
21	+	1				
22		1				
23		12				
24		10				
25		10				
26	1					
27		10				
28		1				
29						
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49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	26					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						